

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003169

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED FEB 8 1963

Primary Registration District No.

1003

Registrar's No.

1103

STATE FILE NUMBER

VS 300
Rev. 4/59

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240263

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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		c. CITY OR TOWN <u>HAZELWOOD</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>De Paul Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>6704 FLOWERVALE</u>	
3. NAME OF DECEASED (Type or print) <u>Timothy</u> <u>Anderson</u>		4. DATE OF DEATH <u>January 30</u> <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-30-63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11a. FATHER'S NAME <u>Eugene E. Anderson</u>		11b. MOTHER'S MAIDEN NAME <u>Dolores V. DeBrunner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Dolores V. Anderson</u>		18. ADDRESS <u>6704 Flowervale</u>	
19. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital Abnormalities</u> DUE TO (b) <u>Prematurity 5 1/2 months</u> DUE TO (c) <u>762.5</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:57</u> a.m. <u>11:57</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>1/30</u> to <u>1/30</u> and last saw him alive on <u>1/30/63</u>		Death occurred at <u>11:57</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>L.M. Riordan</u> (Degree or title)		22b. ADDRESS <u>Lester Berg</u>	
22c. DATE SIGNED <u>FEB 1 1963</u>		22d. SIGNATURE <u>Loal Smith, M.D.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-5-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>
24. FUNERAL DIRECTOR <u>WHITE-MULLEN</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 1 1963</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Emb, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Muller

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.